

ITEMIZED BUDGET SUMMARYPERIOD: 9/15/08 through 6/30/09

APPLICANT NAME: _____

BUDGET CATEGORY	JUSTIFICATION / EXPLANATION OF EXPENSES (Explain expenses and how costs were determined)	TOTAL VDSS REQUEST	OTHER FUNDS
SALARIES	Use page 2 to provide detailed justification for salaries	\$	\$
EMPLOYEE BENEFITS	Use page 2 to provide detailed justification for benefits		
POSTAGE			
PRINTING			
CONSUMABLE SUPPLIES			
TRAVEL			
EQUIPMENT			
OTHER (Specify)			
OTHER (Specify)			
OTHER (Specify)			
OTHER (Specify)			
OTHER (Specify)			
TOTAL		\$	\$

Add additional rows or attach additional pages as needed. Please note that awarded funds cannot be used to supplant existing funds. It is *only* necessary to complete the “Other Funds” column when fees are charged for services.

ITEMIZED BUDGET SUMMARY**BUDGET JUSTIFICATION FOR SALARIES & EMPLOYEE BENEFITS**PERIOD: 9/15/08 through 6/30/09

APPLICANT NAME: _____

SALARIES - STAFF POSITION & NAME (if known)	HOURS PER WEEK	% OF TIME ON PROJECT	ANNUAL SALARY	AMOUNT REQUESTED FROM VDSS
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
TOTAL SALARIES REQUESTED FROM VDSS	N/A	N/A	N/A	\$

EMPLOYEE BENEFITS - NAME OF BENEFIT	STAFF POSITION (# ABOVE)	% OR RATE	ANNUAL COST	AMOUNT REQUESTED FROM VDSS
FICA			\$	\$
PENSION/RETIREMENT			\$	\$
HEALTH INSURANCE			\$	\$
WORKER'S COMPENSATION			\$	\$
UNEMPLOYMENT			\$	\$
OTHER (SPECIFY)			\$	\$
TOTAL EMPL. BENEFITS REQUESTED FROM VDSS	N/A	N/A	N/A	\$

ITEMIZED BUDGET SUMMARYPERIOD: 7/1/09 through 6/30/10

APPLICANT NAME: _____

BUDGET CATEGORY	JUSTIFICATION / EXPLANATION OF EXPENSES (Explain expenses and how costs were determined)	TOTAL VDSS REQUEST	OTHER FUNDS
SALARIES	Use page 4 to provide detailed justification for salaries	\$	\$
EMPLOYEE BENEFITS	Use page 4 to provide detailed justification for benefits		
POSTAGE			
PRINTING			
CONSUMABLE SUPPLIES			
TRAVEL			
EQUIPMENT			
OTHER (Specify)			
OTHER (Specify)			
OTHER (Specify)			
OTHER (Specify)			
OTHER (Specify)			
TOTAL		\$	\$

Add additional rows or attach additional pages as needed. Please note that awarded funds cannot be used to supplant existing funds. It is *only* necessary to complete the “Other Funds” column when fees are charged for services.

ITEMIZED BUDGET SUMMARY**BUDGET JUSTIFICATION FOR SALARIES & EMPLOYEE BENEFITS**PERIOD: 7/1/09 through 6/30/10

APPLICANT NAME: _____

SALARIES - STAFF POSITION & NAME (if known)	HOURS PER WEEK	% OF TIME ON PROJECT	ANNUAL SALARY	AMOUNT REQUESTED FROM VDSS
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
TOTAL SALARIES REQUESTED FROM VDSS	N/A	N/A	N/A	\$

EMPLOYEE BENEFITS - NAME OF BENEFIT	STAFF POSITION (# ABOVE)	% OR RATE	ANNUAL COST	AMOUNT REQUESTED FROM VDSS
FICA			\$	\$
PENSION/RETIREMENT			\$	\$
HEALTH INSURANCE			\$	\$
WORKER'S COMPENSATION			\$	\$
UNEMPLOYMENT			\$	\$
OTHER (SPECIFY)			\$	\$
TOTAL EMPL. BENEFITS REQUESTED FROM VDSS	N/A	N/A	N/A	\$